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OEVR

# VR PROVIDER ORIENTATION MATERIALS





## Provider Orientation

The following materials have been prepared to assist those who may be new or unfamiliar with the practice of vocational rehabilitation under the MA workers' compensation act as it has been established by the MA Department of Industrial Accident's Office of Education and Vocational Rehabilitation (OEVR). Where applicable, reference has been made to materials which may be found in the handbook furnished each approved provider by OEVR. Please refer to this handbook, and to the practice guidelines contained therein, as required.



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## **I. OEVR and Providers**

### **A. OEVR Purpose and Duties**

The Department of Industrial Accident's Office of Education and Vocational Rehabilitation (OEVR) is responsible for overseeing the vocational rehabilitation (VR) provisions of the Worker's Compensation Law. These provisions are contained in M.G.L. c. 152, ss. 1(12), 30E-30I and in 452 CMR 4.00 et. seq. They include: the approval of qualified vocational rehabilitation providers, the determination of suitability for vocational rehabilitation services and facilitation of the delivery of such services.

Oversight of individual VR cases rests largely with the Rehabilitation Review Officer (RRO), an individual OEVR staff member assigned to cases on a geographical basis. Specific responsibilities of the RRO include:

- (1) meeting with injured workers and to determine their suitability for VR services;
- (2) holding Team Meetings on issues regarding VR;
- (3) reviewing and approving all Individual Written Rehabilitation Programs (IWRP);
- (4) monitoring VR programs and services;
- (5) intervening as needed to expedite the VR process, and
- (6) providing information on Departmental policies and guidelines.

OEVR's oversight focuses on ensuring that the delivery of VR services is progressing in an appropriate and timely manner and that the interest of the injured employee remains the chief and overriding concern. To accomplish this, OEVR carefully monitors and works with the assigned approved VR providers.

### **B. Interaction between OEVR and Providers**

To assure that VR services are delivered in a coordinated fashion, the assigned provider needs to be in regular and timely contact with OEVR on each and every case in which VR services are being provided. Such contacts may be oral or in writing. Issues should be brought to the attention of the RRO before they escalate into major problems.

### **C. OEVR Jurisdiction**

Medical management, utilization review, labor market surveys and vocational rehabilitation are often among the services delivered by providers to injured employees. OEVR has jurisdiction only in regard to those services directly relating to vocational rehabilitation. Vocational rehabilitation services are defined under M.G.L. c. 152, s. 1(12) as nonmedical services necessary to return an injured worker to appropriate employment. Appropriate employment is employment within the injured worker's capabilities and at a wage that is as close as possible to the pre-injury wage.





#### D. Labor Market Surveys/Claims Activities

Labor market surveys are employment analyses usually done either to establish an earning capacity for the insurer or to provide information necessary to the vocational counseling process. The first is a claims role while the second is a VR service. It is important that the provider understand which type of services is provided because of the need to keep vocational rehabilitation separate from claims. Essentially, claims services are those actions which have as their purpose the reduction or discontinuance of a client's workers' compensation benefits.

A provider is not allowed to furnish vocational rehabilitation services to a client if they previously have performed a labor market survey designed to establish an earning capacity on the case. If referred such a case for vocational rehabilitation, the provider should inform the Insurer that they need to hire another provider because OEVR policy prohibits the vendor from providing VR services to that client. (see Practice Guideline II. B).

#### E. Provider Responsibilities

As it is clearly set forth in both the Request for Responses (RFR) (the response submitted by providers for consideration of approval by OEVR) and in OEVR regulations (452 CMR 4.00 et. seq.), VR providers are required to perform their work in accordance with the regulations, procedures, and guidelines implemented by OEVR. These policies are designed to ensure that OEVR personnel work together with the parties and the vocational rehabilitation provider assigned by the insurer or self-insurer to provide quality, cost-effective and timely VR services consistent with all applicable laws and codes of professional conduct. (see Practice Guidelines # I. and II.)

OEVR guidelines and the CRC professional code of ethics clearly mandate that the provider's primary responsibility is to the client. To the extent that providers involve themselves in claims issues while furnishing vocational rehabilitation services they put the insurer's interests before that of the client. OEVR views such claims involvement as a serious violation of policy.

#### F. Trust Funds

Trust Funds administered by the Department may be used for vocational rehabilitation services in two circumstances:

- 1) If a worker is injured while employed by an uninsured employer, the Trust Fund under M.G.L. Ch. 152, Section 65 assumes the workers' compensation responsibility in lieu of an insurer. The vocational rehabilitation process under Section 65 is the same as for any insured worker since the Trust Fund in effect becomes the insurer;



2) Under M.G.L. Ch.152, Section 30H, OEVR may use Trust Fund monies to pay for vocational rehabilitation services if an insurer refuses to provide such services or if the carrier refuses to pay for an IWRP that OEVR deems necessary and feasible. In such circumstances OEVR will select the provider and assume the insurer role for purposes of VR only. If the IWRP returns the client to work the carrier will reimburse the Trust fund at least twice the cost of the case. Section 30H limits the length of an IWRP funded by the Trust Fund to one hundred and four (104) weeks.

Only those approved providers who are under contract with the Commonwealth may be assigned Trust Fund cases. All inquiries regarding such contracts can be directed to the DIA Office of Finance and Accounting ((617) 727-4900 ext. 359).

#### G. Release of Information

The RRO will copy the provider on forms (IWRP, amendment/suspension/closure, DOS) and Team Meeting reports. Medical or other information cannot be released by the RRO. The Department has established a process by which information can be requested by interested parties. Such inquiries can be directed to the DIA Office of Claims Administration ((617) 727-4900 ext. 424).

Similarly, providers release of information to persons who are not parties to the case is governed by applicable law and CRC Code of Ethics. It is suggested that the provider seek all necessary releases or permissions before releasing any such information.

#### H. 15% Reduction of Benefits

Under the 1991 legislative changes to Ch. 152, vocational rehabilitation services no longer are voluntary for clients deemed suitable by OEVR. Under M.G.L. c. 152, s. 30G, the insurer can request permission from OEVR for a fifteen percent (15%) reduction in benefits on clients who decline vocational rehabilitation outright or who fail to cooperate in good faith with the voc rehab process.

The issue of the 15% reduction in benefits is a claims function which can be requested and implemented by insurers. To the extent possible, providers should not involve themselves with such requests other than to provide necessary documentation, if so required, and should never present or address this issue with clients. Providers should also be careful with their use of such terms as "noncooperation" in their reports because of this possible claims implication.





## I. Lump Sum Settlements

The Director of OEVR needs to consent to an agreement between the injured worker and the insurer to lump sum settle the case if that injured worker has been deemed suitable for VR and has not completed an IWRP. Generally, consent is given in two circumstances: (1) when there is a signed IWRP which the carrier agrees to fund in the Lump Sum Agreement, and (2) if the client demonstrates that VR is not necessary for a return to appropriate work and, therefore, declines further VR services. It must be noted that the client does not waive any VR rights by declining services.

## **II. Referral**

Efficient, cost-effective and successful rehabilitation depends on early referral to vocational rehabilitation. The spirit and intent of Chapter 152, Section 30F on the subject is clear. The phrase "earliest possible" is used to express the mandate to identify injured workers who most likely will need rehabilitation services to return to employment. The referral policy of OEVR reflects this goal. (See Practice Guideline II. C. 3)

OEVR requires that providers refer to OEVR all cases in which they are furnishing, or have been assigned to provide, vocational rehabilitation services except where the injured employee is returning to the pre-injury employer in a comparable position and liability has not been established. The referral provides OEVR with the information necessary to carry out its legislative mandate to contact and inform injured workers about the availability of vocational rehabilitation services.

Referrals can be made at any time by any party that has an interest in seeing that the injured worker receives those vocational rehabilitation benefits to which they are entitled to receive under Chapter 152, Sections 30E through 30I. These referral sources include employees, attorneys, insurers, employers, physicians, or the DIA.

Referrals need to be in writing. Initial referrals should include: client name, address, date of injury, board number or social security number (if available), insurer, and employer. Medical documentation necessary to establish eligibility should be provided if available. This information should be current (within the past three months) and include diagnosis, results of diagnostic procedures, treatment, prognosis, and functional limitations.





### III. Mandatory Meeting

The mandatory meeting (MM) is the initial meeting between the RRO and the client mandated by M.G.L. c. 152, s. 30G. At this meeting the RRO obtains basic case information from the client, explains the VR process including suitability, employment objectives in order of priority, client rights, and OEVR's role in the vocational rehabilitation process, and answers client questions.

Mandatory meetings are in-person unless the client does not live in Massachusetts or an adjoining state, or unless the client has returned to comparable employment by the date of the meeting.

The RRO may request necessary medical information from the insurer after the MM and allow the insurer at least ten (10) working days to provide that information.

### IV. Determination of Suitability

The Determination of Suitability (DOS) is the official decision by the RRO of the appropriateness of the client for vocational rehabilitation services. Generally, in order to be suitable, the client must be medically stable or close to it, have substantial functional limitations, and VR needs to be both feasible and cost-effective. Liability must be accepted by the insurer or established by order of the Department.

The Determination of Suitability (DOS) form will be sent to all parties once a suitability decision is made, including any provider which OEVR knows has been assigned to the case. The RRO will make the DOS as soon as possible after the mandatory meeting with the client. If an insurer refers a client to OEVR and OEVR deems that client not suitable, the insurer should not refer that client again for six months, absent unusual circumstances. Providers should always refer as appropriate.

If the client is deemed suitable, the RRO will write to the insurer and request VR services for the client. A written request will be sent as documentation even if the client already is receiving such services. The insurer can select a provider of its choice for service delivery as long as the provider is approved by OEVR.



## V. Progress Reports

[see attached example of model progress report in Appendix]

*The attached report represents an example of the narrative format and content expected of progress reports. The following represents particular guidelines relating to such reports:*

It is the responsibility of the provider to submit progress reports on a regular basis in order for the RRO to clearly understand the current case status. In those cases where an IWRP has not been developed within thirty (30) days the provider must provide progress reports on a monthly basis. Cases where monthly activity occurs or where the provider has monthly contact with the insurer also require monthly reports to OEVR. These reports should be copies of the reports sent to the insurer.

The RRO should be able to understand the case status based on the last report in the case. OEVR should remain apprised of current case status in instances where monthly provider/client contact does not occur or where a case is suspended. These cases usually involve medical treatment issues or clients performing well in long-term training programs (which require reports every 90 days).

For clients in training programs, the level of reporting should be sufficient to ensure successful completion of the training program and ability to intervene if problems arise. A report following the start of the training program should be submitted to OEVR. If there are no apparent problems then reporting can occur every ninety (90) days. If there are problems case activity and subsequent reports need to be more frequent. There should not be a need for monthly provider/client contacts for motivated clients who are doing well in training. Contacts should occur at the beginning of training and at the end of the training cycle. If problems arise during the training cycle the responsible client will contact the provider. Copies of client grades should be sent to the RRO as well as copies of whatever other documentation is sent to the insurer.

In general, progress reports should include a summary of the current case status, progress toward IWRP development, barriers affecting VR, progress/problems in training programs, general results of placement activities, and reasons for case closure.





## SUMMARY

### A. Progress reports must include the following:

1. Present status of vocational activity;
2. Status of IWRP development (including explanation if IWRP has not been completed within 90 days);
3. If client is retraining, copy of grades received from each marking period and other supportive data (such as attendance);
4. Summary of all vocational testing used to help develop an employment goal and a vocational goal;
5. The name of the OEVR review officer.

B. Prior to an approved IWRP, progress reports shall not contain job adds from newspaper and other sources. This is considered akin to a labor market survey. Extensive monthly lists of job referrals generally are unnecessary and increase case costs. Labor market surveys may be performed upon approval of an IWRP by OEVR. An EVA (evaluation of vocational alternatives) may be performed prior to IWRP development as part of vocational counseling. An EVA may serve to demonstrate the marketability of a vocational goal necessary to the development of an IWRP.

[Ex: "A review of the job market for IV Nurse and Recovery room Nurse was conducted. 20 Hospitals were contacted with 12 of them currently having several positions available. 3 do not at present but were hiring 3 months ago. Review of job ads and information received from DET-FRS reveal a moderate level of employment in the Boston area. 20% of existing job ads were in these fields. The vocational goal appears fairly marketable, thus we are ready to write up a plan."]

## **VI. Team Meetings**

Team meetings are one of the primary tools available to assist OEVR in resolving dispute, disagreements and other barriers to the vocational rehabilitation process.

A team meeting may take place any time after the client has been found suitable and services have been initiated. A meeting generally would be a last resort attempt to resolve an issue where phone calls letters, etc.. have been unsuccessful or impractical.

Team meetings are held in order to resolve issues which might have a substantial impact on case costs, client/provider issues, disagreement on job goals or services, poor cooperation, etc.. All parties are invited to the meeting.



Any person who would be a signatory to the IWRP may request a team meeting. The request is made to the appropriate RRO who will schedule the meeting. Other more expedient forms of resolution should be investigated prior to requesting a team meeting. At a minimum the provider should have attempted to resolve the issue with the client and also have discussed the issue at a case conference with the provider's clinical supervisor.

If the meeting does not resolve the issue, the RRO will refer the matter back to the parties with recommendations and an action plan. In all cases the RRO will summarize in writing the results of the meeting: RRO recommendations, action plan, and deadlines; copies will be sent to all parties.

The following is an example of an appropriate case for a team meeting. The provider and client have spent several weeks in vocational counseling. The client has completed interest and aptitude testing and has explored several job areas. However, despite repeated efforts by the provider, the client has not selected a job goal and thus further planning is not possible. The provider discussed the case with the case supervisor but suggestions have not been successful. A team meeting can be used to move the case by establishing an action plan and a timetable for future action.

## **VII. Individual Written Rehabilitation Program (IWRP)**

[see attached example of model IWRP in Appendix]

*The attached report represents an example of the format and content expected of IWRPs. The following represents particular guidelines relating to such IWRPs:*

There is no limit on the length of VR program voluntarily funded by an insurer. OEVR-funded programs are limited to fifty-two (52) calendar weeks for pre-12/23/91 injuries and one hundred and four (104) calendar weeks for post-12/23/91 injuries. The insurer often will use OEVR limits as guidelines for the length of the programs which they will support.

The IWRP is the document which lists the client's vocational goal, the services the client will receive to obtain that goal, an explanation why the specific goal and services were selected, and the signatures necessary to implement it. Inasmuch as it is the chief document setting forth the delivery of VR services, it must be drafted clearly and legibly and submitted in a timely fashion. (See Practice Guidelines II. C. 8, 9)

The vocational goal should be one which allows the client to work within their restrictions and to earn as close as possible to their pre-injury wage (average weekly wage). OEVR's priority of employment goals should be followed. They are: (1) RTW same employer, same job modified, (2) RTW same employer, different job, (3) RTW different employer, similar job, (4) different employer, different job, and (5) retraining.





The provider should have a good knowledge of, or access to, information about employers, labor markets, training resources, funding sources, agencies and other resources within the geographical area in which they work.

Particularly in light of ADA and other legislation, the provider needs to consider all reasonable accommodations, including light duty or other work modifications before proceeding to other employment goals. Labor agreements need to be considered since they may also impact on the job offer. Although employers at times make verbal offers for modified work, the provider needs to obtain written confirmation of such an offer from the employer along with the job description. If the employer does not want to provide modified work, the provider should procure written confirmation that there is no modified work available from the employer. (See Practice Guideline II. C. 7)

An appropriate offer for modified employment must be for a permanent position within the client's functional limitations at a pay equivalent to the pre-injury job. Clients who accept a temporary position with the pre-injury employer retain their rights to VR. During a transitional period of temporary modified work, the provider should be reporting to OEVR regarding the necessity of developing an IWRP. An IWRP is not required, nor will it be approved, if placement is not into permanent employment. (See Practice Guideline II. C. 11)

The IWRP should be developed jointly with the client. If the client isn't an active participant in this process, the client's investment will be minimal and the chance for a successful VR outcome reduced. Many of the complaints which OEVR receives concern providers who start discussing want ads on the first visit and thereby create a feeling of mistrust on the client's part.

A clear process facilitates the VR counseling process. Clients often are confused and uncertain about vocational issues and the role of the provider. An ability to focus the process through the use of interest, aptitude, and other testing can save time and increase the injured worker's confidence in VR. Testing increases the probability that the client's vocational goal is feasible. Testing should be part of the vocational counseling process if an extensive or expensive training program is being considered.

Although the client needs to be actively involved in the development of the vocational goal and plan the provider needs to remain realistic in the process. It is not appropriate to agree with an unrealistic goal simply because the client won't consider anything else. OEVR should be contacted at such times to help resolve the issue in a Team Meeting.





The IWRP goal should be as specific as possible, especially if training is being provided. It should be developed within a timely manner. All IWRPs with an employment goal of permanent, modified work must include: (a) a complete job description of the modified position (including the physical requirements of the position); (b) a letter from the employer that the job is being offered on a permanently modified basis and (c) a statement that the client's treating physician has had the opportunity to review and comment on the job description for the proposed modified job.

Functional capacity issues are important, but some vocational counseling can be initiated based on general limitations arising from specific injuries or diagnoses. If it takes longer than ninety (90) days to develop an IWRP something is amiss with the process and the case should be examined carefully. The RRO will ask the provider to provide reasons for the delay. A Team Meeting may be necessary to expedite the process if the IWRP is not developed within this time frame.

It is inappropriate to provide placement services prior to the completion of the IWRP. This is especially true if the client refuses to sign the IWRP. These cases are usually unsuccessful unless the underlying issues are identified and resolved. The injured worker's rights to vocational rehabilitation services remain open if an IWRP is not developed and signed.

VR services, other than vocational assessment and counseling, should not be provided until an IWRP is signed by all parties. (See Practice Guideline II. C. 4) OEVR won't sign an IWRP if these services already have been provided, especially if the dates for service delivery have expired or are close to expiring. In these cases another updated and current IWRP will be required. It is the provider's responsibility to see that the insurer signs and returns the IWRP within ten (10) days. If attempts to do so are not successful, the provider should notify OEVR so that the RRO can take further action.

Issues relative to the IWRP should be discussed and resolved prior to being signed. It becomes much more difficult to resolve issues after plan services are implemented. Training programs in particular need to be clear. The client is entitled to reasonable and related components to the training. These items include books and supplies, fees (including health insurance) if mandated by the school, and transportation. These expenses should be reasonable and clearly set forth in the IWRP. (See Practice Guideline II. C. 13)

OEVR expects that all IWRPs generally will contain at least sixty (60) days of job placement and sixty (60) days of post placement follow-up services. Successful case closure occurs when the client has been employed for sixty (60) days.





The RRO will review and sign the IWRP within ten (10) days of its receipt if there are no issues regarding the IWRP. If such issues exist, the RRO will contact the parties to try and resolve them. An IWRP is not effective until signed by all necessary parties. The RRO will call a Team Meeting and attempt to resolve any issues if any of the parties disagree with a proposed IWRP. If agreement cannot be reached then the RRO will make a decision and recommendations based on M.G.L. Chapter 152 and Department regulations and guidelines.

#### SUMMARY

A. The IWRP is ready to be written when an employment goal and a vocational goal has been identified consistent with the client's interests, skills and abilities and it is marketable and will not aggravate or compound the disability.

B. The IWRP must be approved by OEVR before all VR activity (with the exception of those services detailed in C below) has begun. IWRPs must be reduced to writing in a manner approved by OEVR (see J below). Do not present a "verbal" IWRP to the insurer for approval. If the Insurer refuses to support the IWRP it must be returned to you with a letter stating the reasons for the refusal.

C. On-Site Job Analysis, Transferrable Skills Analysis, Work Evaluation and Vocational Counseling are the only services that may be performed prior to IWRP approval since this information will be needed in order to develop an IWRP.

D. Providers are responsible to ensure that the pre-injury employer has been contacted to determine if modification or alternative employment is available. (see Practice Guideline II. C. 7)

E. Books, supplies, transportation etc. must be accounted for in the IWRP and arrangements for tuition payment, books, supplies, transportation, parking, etc. should be made well before the start of each semester. (see Practice Guideline II. C. 13)

F. Providers are expected to present the parties with all applicable information relating to the availability of outside sources of funding. (see Practice Guideline II. C. 14)

G. To insure an appropriate and successful retraining program, clients must first be vocationally and academically evaluated to determine whether they are able to pursue a retraining program. Testing should include such evaluation instruments as: WAIS, WRAT, vocational evaluation work samples, interests inventories, etc... Test results of any academic testing must be in grade equivalents or in percentiles.

H. Providers are responsible for ensuring that a program description setting forth required courses, entry requirements and school placement rates demonstrating that the vocational goal is marketable and there is a job demand is obtained.





I. Filling Out the IWRP

All items must be filled out completely, including:

1. Employment Goals:

Check off only one employment goal. If it needs to be changed in the future use the IWRP Amendment Form.

2. Wage information: include all appropriate information.

3. Completion date: record estimated date when all services will be completed. (This will usually be the end date of the 60 days Post Placement Activity (Follow-up).

4. Vocational Goal:

Multiple vocational goals may be listed.

[Ex. (page 1 of IWRP) "Accountant and related occupations". Job titles of the related occupations must be recorded in the narrative section of IWRP. If employment is obtained in one of the related occupations a plan amendment must be filed.]

5. Functional Limitations:

Describe and list client's functional limitations as stated by the treating, evaluating and/or impartial physician.

6. Transferable Skills:

List and differentiate the theoretical and actual skills performed on the job.

7. Estimated cost:

List the estimated total cost for each service and hours involved. Do not merely list your hourly fee.

8. Program Justification:

a. Client Profile-work history, education, disability, limitations, abilities, interests, diagnosis, prognosis, treatment, etc...

b. Justify why the employment goal is appropriate and the others are not. Record the following statements and answer:

RTW same employer, same job modified is not possible because.....(explain)

RTW same employer, different job is not possible because..... (explain)



RTW different employer, similar job is not possible because  
..... (explain)

RTW different employer, different job is not possible  
because .....(explain)

Retraining is not possible because.....(explain)

- c. Describe any details on how each service will provided.
- d. Describe and delineate client and provider responsibilities.

[Ex. "Counselor will be responsible for making all arrangements to start school in the fall. Client will be responsible for daily attendance, maintaining a C average and contacting counselor once every two weeks," etc..]

- e. Record exact job modification(s), if any.
- f. Summarize why the VR service(s) selected will help achieve the vocational goal.

#### **VIII. IWRP Amendments**

[see attached sample of model IWRP amendment in Appendix]

*The attached report represents an example of the format and content expected of IWRP amendments. The following represents particular guidelines relating to such IWRP amendments:*

The IWRP Amendment is used to record changes in the IWRP and agreement by all parties with those changes. These changes include: a new vocational goal, addition or deletion of IWRP services, a significant change in VR costs, or changes in IWRP dates of service.

Procedures involving an Amendment are the essentially the same as with an IWRP. As with the IWRP, the Amendment should be sent to OEVR within ten (10) working days after it has been submitted to the insurer.

The name of the employee should be listed on the Amendment. Items one through five should be completed. The Amendment will not be approved unless the employee, provider and insurer have signed it. RRO disapproval of the Amendment will follow the same procedures as for IWRP disapproval.

Services provided without an amendment being developed, especially if there has not been provider contact with the RRO, will be considered a serious violation of OEVR policy.





At times, provision of vocational rehabilitation services need to be interrupted, usually for medical reasons. Such cases should be discussed with the RRO who may agree to suspend the case for up to ninety (90) days. The provider can continue to provide medical management or other appropriate services during this period.

A report, indicating suspension case should be sent to the RRO. The report should indicate the reason for the suspension of services be signed by the provider. Vocational rehabilitation services should be resumed as soon as possible. Case closure may need to be considered if the issues which led to the suspension have not been resolved by the end of the ninety day period.

#### SUMMARY

A. The following items must be completed on the IWRP Amendment:

1. Current status of plan
2. Proposed amendment
3. Reason for amendment
4. Specification of any additional vocational rehabilitation services which will be required
5. Amended projected total vocational rehabilitation costs
6. Amended completion date

B. The IWRP Amendment is used to record and justify changes in the IWRP, new issues or setbacks affecting vocational rehabilitation plan completion, change of employment or vocational goal, addition or deletion of one or more vocational rehabilitation services and extension of the IWRP completion date.

C. A signed IWRP Amendment must be immediately forwarded to OEVR. The same justification required on the IWRP is required on the IWRP Amendment. It must be signed and dated by client, provider, insurer and approved first by OEVR before services start.



## IX. Case Closure

[see attached sample of model closure report in Appendix]

*The attached report represents an example of the format and content expected of closure reports. The following represents particular guidelines relating to such closure reports:*

A closure takes place when VR services have been initiated and later it is determined that services are no longer necessary, feasible, or desired by the client. Closures also occur when an injured worker completes a vocational rehabilitation program and is employed successfully for sixty (60) days.

All requests for closure must be filed with OEVR on its Closure Form. This form is completed and signed by the provider and then sent to the appropriate RRO. This form is required in order to close any case in which OEVR has deemed the client suitable for services and such services have been initiated. The provider should send a narrative report in addition to the closure form as the closure form is insufficient for the RRO to assess the appropriateness of case closure.

Vocational rehabilitation services are terminated for many reasons and not all requests for closure are appropriate. For example, a lump sum settlement in and of itself is not a valid reason for case closure. The provider has a responsibility to discuss that case with the RRO prior to case termination.

Closures should meet the following criteria: (1) all parties should understand the reasons for case closure, (2) the client is told of the possible impact on future VR rights, (3) the case is discussed with the RRO, (4) a complete closure form is submitted by the provider to OEVR. When a client successfully completes an IWRP and has worked for at least sixty (60) days the case should be closed. The closure form must list the new job title, DOT code, employer name and address, client wage, and the other required information.

### SUMMARY

A. The Closure Form must contain the following information:

1. Employment status
2. Name of employer
3. Hourly wage
4. Whether the client has been continuously employed for 60 or more days
5. Date returned to work
6. Job title and DOT Code





7. Total vocational rehabilitation costs of all services rendered after OEVR's Determination of Suitability (DOS) (See Practice Guideline II. C. 12)

B. The provider does not need to submit a closure form if OEVR has not deemed the client suitable for VR. However, no case in which OEVR has determined suitability may be closed in respect to VR services without the submission of a signed and dated VR closure form and approval by OEVR. The provider needs to submit a closure form to OEVR on any case in which OEVR has deemed the client suitable for services and VR services have been provided.



# APPENDIX





VOCATIONAL REHABILITATION PROVIDER CASE REVIEW FORM

*This form has been devised for use by the vocational rehabilitation (VR) provider to assist the provider in ensuring that each and every VR activity is properly executed and documented. To enhance OEVR's ability to render appropriate assistance and approval, the provider can submit a copy of this form along with the 'Vocational Rehabilitation Closure Form' whenever the provider requests case closure from OEVR.*

A. Client name and address: \_\_\_\_\_  
\_\_\_\_\_

B. Insurer name and address: \_\_\_\_\_  
\_\_\_\_\_

C. Claims adjuster name and phone number: \_\_\_\_\_

D. Date referral letter sent to OEVR by Provider if applicable: \_\_\_\_\_

E. Date progress reports sent to OEVR: (due every 30 days).

MONTH	YEAR	MONTH	YEAR



F. Date IWRP sent to OEVR:

1. Date IWRP sent to insurer: \_\_\_\_\_

Date IWRP sent to OEVR: \_\_\_\_\_

G. Date IWRP amendments sent to Insurer:

1. Date amendment sent to Insurer \_\_\_\_\_

Date amendment sent to OEVR \_\_\_\_\_

2. Date amendment sent to Insurer \_\_\_\_\_

Date amendment sent to OEVR \_\_\_\_\_

3. Date amendment sent to Insurer \_\_\_\_\_

Date amendment sent to OEVR \_\_\_\_\_

H. Date VR closure form sent to OEVR: \_\_\_\_\_

1. Rehabed \_\_\_\_\_

(Check One)

2. Non-Rehabed \_\_\_\_\_

I. Special Exemptions approved by OEVR:

1. Issue \_\_\_\_\_

Reason \_\_\_\_\_

2. Issue \_\_\_\_\_

Reason \_\_\_\_\_

3. Issue \_\_\_\_\_

Reason \_\_\_\_\_

K. Name of OEVR Review Officer: \_\_\_\_\_





**Department of Industrial Accidents  
600 Washington Street - Seventh Floor  
Boston, Massachusetts 02111**

**INDIVIDUAL WRITTEN REHABILITATION PROGRAM**

Client Name: Brandon, JohnV.R. Provider: Gwen Lamm & AssociatesStreet Address: 100 Hillside AveStreet Address: 200 Star AveCity, State, Zip Code: Revere, MA 02151City, State, Zip Code: Malden, MA 02148Phone Number: (617) 888-8888Phone Number: (617) 999-9999Date of Birth: 12/1/59V.R. Counselor: Lois OevrtonEmployer Name: Boston General HospitalInsurer: Omnipotent MutualStreet Address: 100 Main StClaim Representative: Shawn PowersCity, State, Zip Code: Boston, MA 02110Phone Number: 063449-95Phone Number: (617) 777-7777Claim Number: (617) 555-5555Date of Injury: 2/2/95Injury: herniated lumbar disc

**EMPLOYMENT GOALS**

- ☐ Return to work same employer, same job
- ☐ RTW same employer, same job modified
- ☐ RTW same employer, different job
- ☐ RTW different employer, similar job
- ☐ RTW different employer, different job
- ☒ Retraining

**WAGE INFORMATION**

Pre-injury Wage: \$16/hrCompensation Rate: 384.00--Pre-injury Occupation: X-Ray TechnicianDOT Code: 666-6666666Completion Date: 1/15/99Vocational Goal: Medical Lab Technician

**FUNCTIONAL LIMITATIONS:**

Limited to lifting 15 lbs. no repetitive bending, lifting, carrying, pushing, pulling. No prolong standing or walking. Needs room to ambulate at will.

**TRANSFERABLE SKILLS:**

Knowledge of the medical field, medical terminology, medical service and familiar with a hospital environment.



Specify the rehabilitation services required to achieve the vocational goal:

**DESCRIBE OR ITEMIZE SERVICE. LIST VENDOR NAMES.  
DESCRIBE EMPLOYEE'S RESPONSIBILITIES.**

SERVICE		DATE TO BE INITIATED	DATE TO BE COMPLETED	ESTIMATED COST
On-Site Job Analysis	Visit job site to observe client's job tasks.			
Coordination of return to Work — Same Employer	Contact with client's employer to establish alternative work options.			
Job Modification	Modify job tasks to allow a re- turn to work with restrictions. Job modifications are permanent.			
Functional Capacity Evaluation	To determine client's physical capabilities.			
Transferable Skills Analysis	How client's education and work experience maybe used in another occupation.			
Work Evaluation	----- -----			
Work Hardening Work Adjustment	----- -----			
Job Seeking Skills Training	To provide client with the skills needed to seek employment.	8/15/98	8/20/98	\$150
Job Development and Placement	To identify available jobs and arrange interviews.	8/15/98	11/15/98	\$800
Post Placement Activity (Followup)	To insure successful job place- ment for the first 60 days.	11/15/98	1/15/99	\$150
Technical or Academic Skills Improvement	To upgrade client's technical or academic ability.			
Vocational Counseling and Guidance	To identify voc. goal and services needed.	1/5/97	2/5/97	\$300
Vocational Testing	To determine client's interests, skills, aptitudes and abilities.	1/15/97	1/15/97	\$150
On-the-Job Training (R-11)	Identify and arrange O.J.T. with willing employers.			
Labor Market Survey	To determine if the voc. goal is marketable.			
Retraining	To provide client with a market- able skill.	2/15/97	8/15/98	TU, SUP, TRAN \$6800





**PROGRAM JUSTIFICATION:** (Include a comprehensive case analysis of the injured worker, including such things as possible obstacles to rehabilitation, financial and family concerns, level of motivation, personal interests and avocations, and the necessary ingredients for a successful placement. Any discrepancies between the provider analysis and the evaluation submitted by the referring counselor from the O.E.V.R. should be noted.)

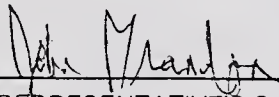
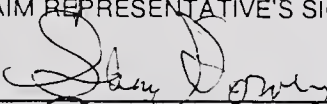
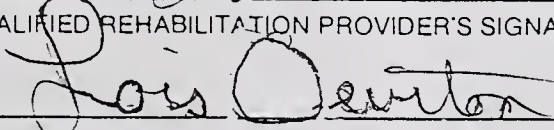
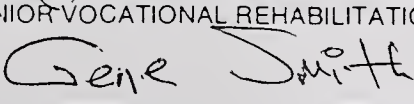
Client is a 37 yr. old male employed as an X-ray technician for the past 11 years. He suffered a back injury resulting in a herniated disc. He had surgery and completed P.T. thus he is at a medical end point. His doctor has released him for alternative employment limiting him to lifting 15 lbs with no repetitive bending, lifting, pushing, pulling, carrying and no prolonged standing or walking. These restrictions appear permanent thus the need for vocational Rehabilitation. His limitations prevent him from performing the repetitive bending and weight bearing aspects of his job. The job cannot be reasonably modified due to the multiple and extensive physical aspects of the job.

(continued on next page)

STATEMENT OF EMPLOYER/INSURER RESPONSIBILITY: The employer/insurer understands its responsibility to pay for services reasonably required and to monitor the costs and timeliness of the services.

STATEMENT OF QRC RESPONSIBILITY: I understand that I am responsible for the timely delivery of the above specified services and agree to conscientiously carry out my professional duties as a Qualified Rehabilitation Provider in the interest of the employee's rehabilitation. Further, I understand that should the projected cost of this plan be exceeded or if additional time is required for completion of the plan I will notify OEVR and the parties by submitting a Rehabilitation Plan Amendment.

STATEMENT OF EMPLOYEE RESPONSIBILITY: I understand that it is my responsibility to cooperate with all parties involved in my rehabilitation and I agree to make a good -faith effort to participate in this plan. This includes the keeping of all appointments, attendance at scheduled activities as well as adherence to reasonable \_\_\_\_\_

EMPLOYEE'S SIGNATURE 	DATE 12/12/96
CLAIM REPRESENTATIVE'S SIGNATURE 	DATE 12/18/96
QUALIFIED REHABILITATION PROVIDER'S SIGNATURE 	DATE 12/10/96
SENIOR VOCATIONAL REHABILITATION COUNSELOR'S SIGNATURE (O.E.V.R.) 	DATE 12/24/96



Employer contacts were not successful in obtaining other suitable employment options. The client does not have transferable skills with which to find another job approaching his pre-injury wage. It appears retraining is his only option. He has an A.S. degree in X-ray Technology. He would like to remain in the medical field and retrain as a medical Lab Technician which is basically light and sedentary thus will not compound or aggravate his disability. Vocational testing shows that his academic ability is at a college level with scores at a 13+ grade level. An EVA was performed by contacting employers and reviewing school placement records showing about 35% of job openings in the Boston area (testing results, placement record and copy of course description from school catalog attached). Vocational Counseling assisted in development of a vocational goal in line with client skills, abilities, interest, functional limitations and pre-injury wage and will continue to provide support and guidance throughout the plan. Vocational testing determined that client is appropriate for retraining. Retraining will provide client with a marketable skill that will not compound or aggravate client's disability. Jamestown College will be the training site. It is of average cost compared to several other institutions and will assist and arrange for client certification upon completion of program as well as assist in job placement. Books, supplies, transportation and fees are set out below.

Client to attend school on a daily basis and maintain at least a C average and will call counselor once a month to update progress. Job seeking skills will provide client the skills needed to complete a job search as well as provide interviewing skills. Development and Placement Services will assist client in his job search. Client will keep a job log, contact 5 employers per week, send resumes, utilize the services of DET and the college placement services and contact counselor bi-monthly. Counselor will make "cold calls" to employers, arrange interviews and network with other placement agencies and provide job leads. Post Placement Service will follow client for the first 60 days of employment to ensure successful employment.

tuition: 3 semesters (3 courses/semester @ \$500/course)	=	\$4,500.00
books and supplies: \$100/course (est.)	=	900.00
fees (including required insurance): \$200/semester	=	600.00
transportation (auto travel @ \$.25/mile)	=	<u>800.00</u>
		\$6,800.00





Office of Education and Vocational Rehabilitation  
600 Washington Street  
Boston, MA 02111

REHABILITATION PLAN  
PROGRESS AND/OR  
CLOSURE REPORT

1. Employee John Doe, Jr.	2. Date of Injury 2/23/88	3. I.A.B. No. 1245-88
4. Ins. file No.	5. Employer's Power Tool, Inc.	6. Insurer EasyPay Insurance
7. WCC File No.		
8. App. Rehab. Prov. # Superior Rehab	9 ARP Phone 508-999-9999	10. Nature of Injury rt. knee

Form being submitted to xAmend Close Suspend the Rehabilitation Plan.  
(Closure on Reverse)

1. Current Status of Plan: still active
2. Proposed Amendment: new vocational goal and short term training
3. Reason for Amendment: placement services have not resulted in employment
4. Specify any additional Rehabilitation services which will be required:  
Client will be retrained as a computer operator

SERVICE	DESCRIPTION (List any vendors which will be utilized)	PROJECTED COMPLETION DATE	PROJECTED COST
training(Computer operator)	Bristol Voc. H.S.	6/15/90	\$200.00
Placement	Superior Rehab	7/30/90	\$240.00
Follow-Up	Superior Rehab	9/30/90	\$ 90.00
5. PROJECTED TOTAL REHABILITATION COSTS (INCLUDING AMENDMENT) \$			530.00
AMENDED COMPLETION DATE	9/30/90		

6. Employee Comments: \_\_\_\_\_

John Doe, Jr.  
Employee's Signature

Mark Smith  
Insurer's Signature

Jeanne Moniz  
ARP's Signature

Unil Maranbar  
O.E.V.R. Signature





1. Employee	2. Date of Injury	3. I.A.B. No.	
John Doe	11/11/91	11111191	
4. Ins. file No.	5. Employer's	6. Insurer	7. WCC File No.
	Best Bakery	Liberty Mutual	
8. App. Rehab. Prov. #	9 ARP Phone	10. Nature of Injury	
Best Rehabilitation	508-999-9999	Lumber Herniated Disc	

Form being submitted to Amend Close X Suspend the Rehabilitation Plan.  
(Closure on Reverse)

1. Current Status of Plan: suspended
2. Proposed Amendment: Suspend plan during eight week period of intensive physical therapy. Period of 8/1/93 - 9/30/93.
3. Reason for Amendment: Treating MD feels that physical therapy needed for maximum medical improvement.
4. Specify any additional Rehabilitation services which will be required:

SERVICE	DESCRIPTION (List any vendors which will be utilized)	PROJECTED COMPLETION DATE	PROJECTED COST
---------	---	---------------------------------	-------------------

5. PROJECTED TOTAL REHABILITATION COSTS (INCLUDING AMENDMENT) \$ \_\_\_\_\_  
AMENDED COMPLETION DATE \_\_\_\_\_

6. Employee Comments: \_\_\_\_\_

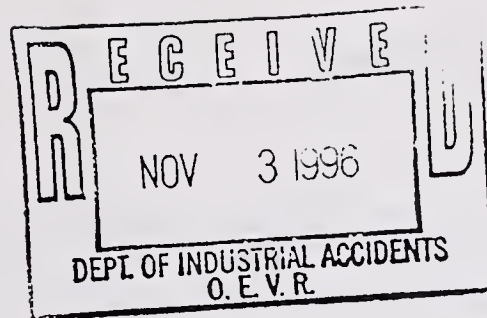
Employee's Signature

ARP's Signature

Insurer's Signature

O.E.V.R. Signature





REPORT DATE: 10/30/96  
CLAIMANT: ~~XXXXXXXXXX~~  
CLAIM #: ~~600000000~~

## VOCATIONAL PROGRESS REPORT

### OVERVIEW

With ~~Mr. [redacted]~~'s approval, I visited Mr. ~~Wright~~ at the Franklin Institute of Boston and later I obtained a Job Analysis for Auto Mechanic/Diagnostic Technician. Mr. ~~Wright~~ is enthusiastic about the Franklin Program and is automatically eligible for a \$3,000 Mayor's Scholarship towards the estimated \$10,000 total cost for the Associate's Degree in Automotive Technology.

### VOCATIONAL MANAGEMENT PLAN

#### Vocational Goal:

Determine appropriate vocational goal and submit IWRP.

#### Vocational Management Interventions:

1. Follow through for Dr. ~~Clark~~'s response.
2. Oversee claimant's research into training programs.
3. Keep carrier, attorney and OEVR updated as to progress.

### ANALYSIS OF VOCATIONAL ISSUES

Separately I met with ~~Mr. [redacted]~~, Department Head, ~~Ying Wang~~, Admissions Director, and ~~Bonnie White~~, Placement Specialist at Franklin Institute. Mr. ~~Wright~~ attended each of these meetings. Mr. ~~Wang~~ noted that the next session for Automotive Technology begins in January 1997 and that Mr. ~~Wright~~ qualifies for a \$3,000 Mayor's Scholarship because he lives in Boston and once participated in an anti-poverty high school curriculum. Mr. ~~Clark~~ and Ms. ~~White~~ strongly confirmed that there are light duty jobs locally or auto mechanics who specialize in diagnostic technician service advisor, parts buyer, assistant manager, or manufacturing representative occupations. Similar placements have been effected and annual salaries for recent graduates range from \$30,000 (advisors/managers) to over \$40,000 for Diagnostic Technicians.

Mr. ~~Wright~~ will apply to this program next week despite my insistence that ITT has not yet approved or rejected this goal.





VOCATIONAL PROGRESS REPORT: Corey Wright

Mr. Wright stated that he would at least like to "start things rolling" and he would like to have his paperwork ready to getting ITT's decision regarding this program.

I conducted a Job Analysis for Diagnostic Technician at Saturn of Warwick, RI and submitted the results with a letter of explanation to treating physician, ~~Dr. [REDACTED]~~, M.D. This was advised by Ms. ~~[REDACTED]~~. Mr. ~~Wright~~ has made two very insightful comments regarding the comparison of carpentry to auto mechanic work demands. First, he noted that mechanics do not have to wear a 25 to 40 pound toolbelt on their waists all day as carpenter must. Second, mechanics do not have to work while kneeling or crawling, which carpenters have to do. Both of these physical demands were restricted by Dr. ~~[REDACTED]~~ as of 10/39/95. "Mr. ~~Wright~~ can continue with the light duty as long as he is not requested to squat or stand for extended periods of time."

It will be important to obtain Dr. ~~[REDACTED]~~'s most recent assessment of Mr. ~~Wright~~'s capacities as well as his opinion regarding returning to carpentry or retraining as an automotive diagnostic technician.

Mr. ~~[REDACTED]~~ (Franklin Institute) and Mr. ~~Joyce~~ (Saturn of Warwick) both confirm that Diagnostic Technicians are not required to carry heavy tools (tool carts on wheels) and are not requested to work in kneeling/crouching positions. They also added that mechanics generally work indoors in heated surroundings, stand on flat surfaces and are not required to climb ladders/scaffolds.

To confirm that an auto mechanic can work in a light duty capacity, I also interviewed Mr. ~~Robert Beck~~, Owner and President of Express Pontiac and Toyota, Dorchester (617) 265-4321. Mr. ~~Beck~~ interviews and hires graduates of various automotive schools, including Franklin Institute. He notes that electronic/diagnostic technicians do perform essentially light duty tasks which do not require prolonged kneeling. He stated his electronics technicians work mostly under the hood and dashboard of vehicles; and while frequent bending or standing are required, kneeling and crawling are not. Mechanics are never required to climb ladders, wear a toolbelt, or work on scaffolding. Diagnostic machines are wheeled to the vehicles on a smooth, flat surface. If electronic components are repaired, their work is done either on the vehicle or on a bench at waist level. If electronic components are replaced, the technician replaces it by way of the open engine compartment. If a lift is needed, the technician then works in a standing position with the vehicle suspended overhead. Mr. ~~Beck~~ stated that the labor market for recent graduates (two and four year programs) is good and expects it to remain so.



VOCATIONAL PROGRESS REPORT: Corey Wright

Projected Case Management Hours: 8.0

Next Report Date: 11/27/96

Sincerely,



~~Steven Brenden~~, M.Ed., CDMS  
Vocational Case Manager

cc: ~~Steven Brenden~~, Esquire  
6 Beacon Street  
Boston, MA 02108

~~Steve Lopes~~  
DIA - OEVR  
600 Washington Street  
Boston, MA 02111

CONTACTS:

		PROF X	TRAVEL	MILES
10/01	OEVR telecon	.40		
10/09	p/c LT	N/C		
	attorney telecon	.30		
10/10	claimant telecon	.60		
10/18	p/c LT	N/C		
10/21	p/c LT	N/C		
10/22	p/c LT	N/C		
10/23	p/c Franklin Ins. x2	.40		
	p/c North Bennett	.20		
10/24	LT telecon	.20		
	claimant telecon	.30		
10/28	visit Franklin Ins.	1.50	2.00	30
	client visit	1.00		
10/29	Job Analysis	1.00	1.50	45
	fax to Franklin Ins.	.30		
	MD letter	.50		
10/30	Report submitted	1.00		





~~GENERAL SERVICES~~, INC.  
JOB ANALYSIS

Date Prepared: 10-29-96

Prepared by: ~~John Smith~~ MED, COMS Title: Vocational SpecialistCompany: ~~John Smith~~ Contact: ~~John Smith~~ Service DirectorAddress: ~~John Smith~~ Address: Saturn of Warwick (RI)  
401-821-5800

Job Title: Auto Mechanic/Diagnostic Technician DOT #: 620.261-010

Position Summary: Analyze electronic/computerized components and make service recommendations to customer. Repair/replace components as necessary/instructed.

Position Description: Repairs electronic/computerized components of automobiles, buses, trucks, etc. Diagnose problem using computers, inspect/repair/replace defective part.

## Physical Demands:

Strength	<u>L</u>	Climb	<u>N</u>	Balance	<u>N</u>	Bend	<u>F</u>	Kneel	<u>N</u>
Crouch	<u>  </u>	Crawl	<u>N</u>	Reach	<u>F</u>	Handle	<u>F</u>	Finger	<u>F</u>
Feel	<u>O</u>	Talk	<u>O</u>	Hear	<u>O</u>	Taste/Smell	<u>N</u>	Near Vision	<u>F</u>
Far Vision	<u>N</u>	Depth Perception	<u>F</u>	Visual Accom.	<u>F</u>	Color Vision	<u>O</u>	Field of Vision	<u>O</u>

## Environmental Conditions:

Weather	<u>N</u>	Cold	<u>N</u>	Heat	<u>N</u>	Humid	<u>N</u>	Noise	<u>3</u>	Vibrate	<u>N</u>
Air Quality	<u>O</u>	Moving Parts	<u>O</u>	Electric Shock	<u>O</u>	Heights	<u>N</u>	Radiate	<u>N</u>	Chemicals	<u>N</u>

Can this position be modified? Yes:    No: ✓

Explain: This already is a light duty position. If electronic units need to be replaced, they are usually less than 20 pounds and hydraulic lifts are used to position the car in order to access the defective component.

Preparer's Signature: ~~John Smith~~

Strength: S-Sedentary (<10/ Occasionally and sitting >2/3 time)  
 C-Constantly (>2/3 time)  
 O-Occasionally (<1/3 time)  
 Noise-1: Very quiet S: Very loud  
 F-Frequently (>1/3 time)  
 X-Not Present (0 time)  
 L-Light (<20/ Occasionally; 10/ Frequently)  
 M-Medium (<50/ Occasionally; 25/ Frequently)  
 L/X Jobs have no set criteria for sitting/standing/walking





OCTOBER 23, 1996

RE: ~~CONFIDENTIAL~~

Comparison of Auto Mechanic and Construction Worker/Carpenter Positions

A. 620.261-010 AUTOMOBILE MECHANIC  
- AUTOMOTIVE SERVICES

Repairs and overhauls automobiles, buses, trucks, and other automotive vehicles. Examines vehicle and discusses with customer or AUTOMOBILE-REPAIR-SERVICE ESTIMATOR (automotive ser.); AUTOMOBILE TESTER (automotive ser.); or BUS INSPECTOR (automotive) nature and extent of damage or malfunction. Plans work procedure, using charts, technical manuals, and experience. Raises vehicle, using hydraulic jack or hoist, to gain access to mechanical units bolted to underside of vehicle. Removes unit, such as engine, transmission, or differential, using wrenches and hoist. Disassembles unit and inspects parts for wear, using micrometers, calipers, and thickness gauges. Repairs or replaces parts, such as pistons, rods, gears, valves, and bearings, using mechanic's handtools. Overhauls or replaces carburetors, blowers, generators, distributors, starters, and pumps. Rebuilds parts, such as crankshafts and cylinder blocks, using lathes, shapers, drill presses, and welding equipment. Rewires ignition system, lights, and instrument panel. Relines and adjusts brakes, aligns front end, repairs or replaces shock absorbers, and solders leaks in radiator. Mends damaged body and fenders by hammering out or filling in dents and welding broken parts. Replaces and adjusts headlights, and installs and repairs accessories, such as radios, heaters, mirrors, and windshield wipers.

GOE: 05.05.09 STRENGTH: M GED: R4 M3 L3 SVP: 7 DLU: 77

NATURE OF THE WORK

Automotive mechanics, often called automotive service technicians, repair and service automobiles and occasionally light trucks, such as vans and pickups, with gasoline engines. (Mechanics who work on diesel-powered trucks, buses, and equipment are discussed in the Handbook statement on diesel mechanics. Motorcycle mechanics--who repair and service motorcycles, motorscooters, mopeds, and occasionally small all-terrain vehicles--are discussed in the Handbook statement on motorcycle, boat, and small-engine mechanics.)

During routine service, mechanics inspect, lubricate, and adjust engines and other components, repairing or replacing parts before they cause breakdowns. They usually follow a checklist to be sure they examine all important parts, such as belts, hoses, steering systems, spark plugs, brake and fuel systems, wheel bearings, and other potentially troublesome items.

Mechanics use a variety of tools in their work. They use power tools such as pneumatic wrenches to remove bolts quickly; machine tools such as lathes and gr



inding machines to rebuild brakes and other parts; welding and flame-cutting equipment to remove and repair exhaust systems and other parts; jacks and hoists to lift cars and engines; and a growing variety of electronic service equipment, such as infrared engine analyzers and computerized diagnostic devices. They also use many common handtools such as screwdrivers, pliers, and wrenches to work on small parts and get at hard-to-reach places.

Automotive mechanics in larger shops have increasingly become specialized. For example, automatic transmission mechanics work on gear trains, couplings, hydraulic pumps, and other parts of automatic transmissions. Because these are complex mechanisms and include electronic parts, their repair requires considerable experience and training, including a knowledge of hydraulics. Tune-up mechanics adjust the ignition timing and valves, and adjust or replace spark plugs and other parts to ensure efficient engine performance. They often use electronic test equipment to help them adjust and locate malfunctions in fuel, ignition, and emissions control systems.

#### Working Conditions

Most automotive mechanics work a standard 40-hour week, but some self-employed mechanics work longer hours. Generally, mechanics work indoors. Most repair shops are well ventilated and lighted, but some are drafty and noisy. Mechanics frequently work with dirty and greasy parts, and in awkward positions. They often must lift heavy parts and tools. Minor cuts, burns, and bruises are common, but serious accidents are avoided when the shop is kept clean and orderly and safety practices are observed.

#### 5. 869.687-026 CONSTRUCTION WORKER II CONSTRUCTION INDUSTRY

Performs any combination of following tasks, such as erecting, repairing, and wrecking buildings and bridges; installing waterworks, locks, and dams; grading and maintaining railroad right-of-ways and laying ties and rails; and widening, deepening, improving rivers, canals, and harbors, requiring little or no independent judgment: Digs, spreads, and levels dirt and gravel, using pick and shovel. Lifts, carries, and holds building materials, tools, and supplies. Cleans tools, equipment, materials, and work areas. Mixes, pours, and spreads concrete, asphalt, gravel, and other materials, using handtools. Joins, wraps, and seals sections of pipe. Performs variety of routine, nonmachine tasks, such as removing forms from set concrete, filling expansion joints with asphalt, placing culvert sections in trench, assembling sections of dredge pipeline, removing wallpaper, and laying railroad track. Many of these jobs are not full time; project size and organization of work determine whether workers spend their time on one

job or transfer from task to task as project progresses to completion. Some workers habitually work in one branch of industry, whereas others transfer according to availability of work or on seasonal basis. Work is usually performed with other workers. May be designated according to specific work performed as Air-Hammer Operator (construction); Asphalt-Plant Worker (construction); Asphalt Raker (construction); Backer-Up (construction); Bell-Hole Digger (construction); Brick Cleaner (construction).





GOE: 05.12.03 STRENGTH: V GED: R2 M1 L1 SVP: 2 DLU: 79

#### Nature of the Work

Employers in almost all industries hire individuals at the entry level. These workers assist more skilled production, construction, operating, and maintenance workers, or perform tasks that do not require significant training. They perform a broad array of jobs, ranging from moving boxes and feeding machines to cleaning equipment and work areas. Many do tasks needed to make the work of more skilled employees flow smoothly. These workers often do routine, physical work under close supervision. They generally follow oral or written instructions from supervisors or more experienced workers, with little opportunity to make decisions. Helpers and laborers must be familiar with the duties of workers they help, as well as with the materials, tools, and machinery they use, in order to perform their jobs effectively.

#### Working Conditions

Most construction workers do repetitive, physically demanding work. They may lift and carry heavy objects, and stoop, kneel, crouch, or crawl in awkward positions. Some work at great heights, or outdoors in all weather conditions. Some jobs expose workers to harmful chemicals, fumes, odors, loud noise, or dangerous machinery, so these employees may need to wear safety clothing, such as gloves, hats, eye, mouth, and hearing protection, and must constantly observe safety procedures.



Office of Education and Vocational Rehabilitation  
600 Washington Street  
Boston, MA 02111

PROGRESS AND/OR  
CLOSURE REPORT

1. Employee Martha Doe	2. Date of Injury 2/24/87	3. I.A.B. No. 53495-87
4. Ins. file No.	5. Employer's Taste Good Bakery	6. Insurer Baker's Mutual
7. WCC File No.	8. App. Rehab. Prov. # Superior Rehab	9 ARP Phone 508-999-9999
10. Nature of Injury carpal tunnel		

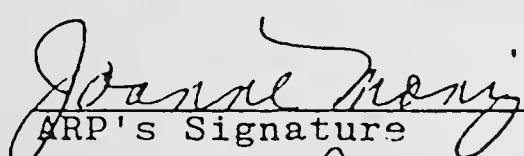
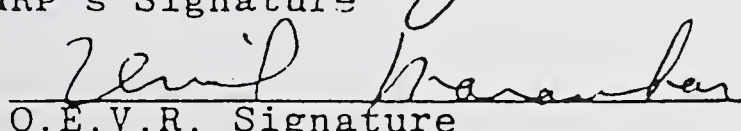
Form being submitted to Amend xClose Suspend the Rehabilitation Plan.  
(Closure on Reverse)

- 1. Current Status of Plan: \_\_\_\_\_
- 2. Proposed Amendment: \_\_\_\_\_
- 3. Reason for Amendment: \_\_\_\_\_
- 4. Specify any additional Rehabilitation services which will be required: \_\_\_\_\_

SERVICE	DESCRIPTION (List any vendors which will be utilized)	PROJECTED COMPLETION DATE	PROJECTED COST

PROJECTED TOTAL REHABILITATION COSTS (INCLUDING AMENDMENT) \$ \_\_\_\_\_  
AMENDED COMPLETION DATE \_\_\_\_\_

Employee Comments: \_\_\_\_\_

Employee's Signature	
Insurer's Signature	





PLAN CLOSURE DATE: 2/28/89

1. Employment Status:

☐ Return to Work (RTW) Same Employer, Same Job  
☐ RTW Same Employer, Same Job Modified  
☐ RTW Same Employer, Different Job  
☒ RTW Different Employer, Similar Job  
☐ RTW Different Employer, Different Job  
☒ Not Working

2. Employee working:

a. Employer: OK Bakery  
Address: 222 Tremont Street, Fall River, Ma. 02720  
Phone: 508-676-8901

b. Average Weekly Wage: \$ 258.00 Hourly Wage: \$

c. Has employee been continuously employed for 60 days?  
☒ Yes ☐ No

Date returned to work: 12/24/88

d. Job Title and DOT Code: salesperson 223.037-014

3. Employee not working:

a. Why is plan completed?

- ☐ 1. Medical condition precludes rehabilitation
- ☐ 2. Not likely to benefit from rehabilitation
- ☐ 3. Would be working but for layoff
- ☐ 4. Retirement
- ☐ 5. Deceased
- ☐ 6. Settlement closing rehabilitation
- ☐ 7. Not interested in rehabilitation services
- ☐ 8. Uncontested non cooperation
- ☐ 9. Contested non cooperation
- ☐ 10. Decision and Order
- ☐ 11. Relocation
- ☐ 12. Other (explain)

b. Does this employee need additional rehabilitation services?  
☐ Yes ☐ No

If no, explain. If yes, list needs.

- c. Weekly WC Benefit amount payable at time of Vocational Rehabilitation closure.
- d. Estimate of number of weeks of WC benefits payable after closure date.
- e. Rehabilitation Temporary Disability benefits paid.
- f. Vocational Rehabilitation Provider Expenses (i.e. testing, evaluation, etc.) \$1756.00
- g. Other Vocational Rehabilitation Expenses Paid (tuition, books, transportation, etc.)



Office of Education and Vocational Rehabilitation  
100 Washington Street  
Boston, MA 02111

REHABILITATION PLAN  
PROGRESS AND/OR  
CLOSURE REPORT

1. Employee	2. Date of Injury	3. I.A.B. No.
John Doe	2/23/87	53478-87
4. Ins. file No.	5. Employer's	6. Insurer
	Mac Landscaping	AAA Underwriters
7. WCC File No.	9. App. Rehab. Prov. #	10. Nature of Injury
	Superior rehab	L4-L5 Disc Herniation
	508-999-9999	

Form being submitted to Amend X Close    Suspend the Rehabilitation Plan.  
(Closure on Reverse)

Current Status of Plan: \_\_\_\_\_

Proposed Amendment: \_\_\_\_\_

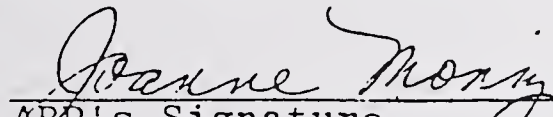
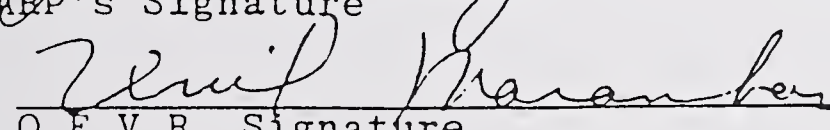
Reason for Amendment: \_\_\_\_\_

Specify any additional Rehabilitation services which will be required:

SERVICE	DESCRIPTION (List any vendors which will be utilized)	PROJECTED COMPLETION DATE	PROJECTED COST

PROJECTED TOTAL REHABILITATION COSTS (INCLUDING AMENDMENT) \$ \_\_\_\_\_  
AMENDED COMPLETION DATE \_\_\_\_\_

Employee Comments: \_\_\_\_\_

Employee's Signature	
	APP's Signature
Insurer's Signature	
	O.E.V.R. Signature





1. Employment Status:

RTW Same Employer, Same Job Modified

RTW Same Employer, Different Job

RTW Different Employer, Similar Job

RTW Different Employer, Different Job

x Not Working

a. Employer:

Address:

Phone :

b. Average Weekly Wage: \$ Hourly Wage: \$

c. Has employee been continuously employed for 60 days?

Yes                      No

Date returned to work:

d. Job Title and DOT Code:

a. Why is plan completed?

x 1. Medical condition precludes rehabilitation

2. Not likely to benefit from rehabilitation

3. Would be working but for layoff

#### 4. Retirement

5. Deceased

6. Settlement closing rehabilitation

7. Not interested in rehabilitation services

## 8. Uncontested non cooperation

9. Contested non cooperation

## 10. Decision and Order

11. Relocation

12. Other (explain)

b. Does this employee need additional rehabilitation services?

x Yes No

If no, explain.    If yes, list needs.

placement and follow-up services when condition stabilizes

c. Weekly WC Benefit amount payable at time of Vocational Rehabilitation closure.

d. Estimate of number of weeks of WC benefits payable after closure date.

e. Rehabilitation Temporary Disability benefits paid.

f. Vocational Rehabilitation Provider Expenses (i.e. testing, evaluation, etc.)	\$1031.00
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\$1031.00

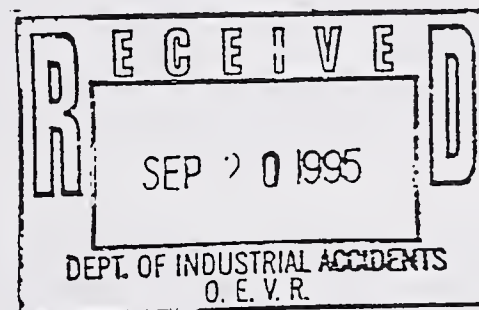
g. Other Vocational Rehabilitation Expenses Paid (tuition, books, transportation, etc.)



*Rehabilitation Counseling & Consultation  
Disability Management Services*

Phone & Fax:

September 15, 1995



RE:

CLOSURE REPORT

Activities

Phone contacts with Mr. [REDACTED] on 7/17, 7/19, 7/31, 8/02, 8/09, 8/16, 8/17, 8/18, 8/22, 8/23 and 8/24/95; certified letter to Mr. [REDACTED] (see enclosed) on 8/17/95; and meetings with Mr. [REDACTED] on 7/24, 8/03 and 8/21/95 to amend/extend IWRP, provide job leads, prepare resumes and cover letters, prepare job applications, provide job search counseling, set up meetings with employers, coordinate Glazier Union eligibility requirements, monitor and support worker activity in job search and ultimately to advise Mr. [REDACTED] that his rehabilitation plan was completed on 8/24/95...

Phone contacts with Ms. [REDACTED] on 7/24/95 to secure approval for extension of IWRP until 8/24/95; and again on 8/24/95 to review activities to date and to confirm completion of rehabilitation plan.

Memo and amended IWRP to Mr. [REDACTED] OEVR on 6/01/95 and receipt of IWRP signed by OEVR on 8/03/95.

Job development phone contacts with MWRA on 7/31 and 8/23/85; with MWPCA on 7/31 and 8/08/95; with Boston Water and Sewer on 8/03/95; with Glaziers Union on 8/23/95; with Massachusetts Temporary Services and Bullfinch Temporary Services on 8/23/95; letters to Brookline Lock Company on 8/21/95, Mass. Temporary and Bullfinch on 8/23/95 (see enclosed); and meetings with MWRA on 8/01 and 8/03/95; MIT on 8/18 and 8/21/85; and Central Artery Tunnel Project on 8/21/95.





Phone contacts with Watertown School District on 7/31 and 8/02/95; and visit to ~~Watertown School~~ School, Watertown on 8/02/95 to pick up Mr. ~~Mr.~~ high school transcript to expedite fulfillment of Glazier Apprenticeship requirements.

### Summary

During this report period, we were able to continue job and apprenticeship development activities pursuant to an amendment of Mr. ~~Mr.~~ original IWRP extending job search/development activity for an additional month until 8/24/95. During this timeframe I continued to provide Mr. ~~Mr.~~ job search counseling, job leads, contact employers in his behalf and set up meetings with employers, help him with additional resumes, cover letters and job application completion.

Mr. ~~Mr.~~ participation in the process was somewhat problematic during this time period due to family obligations. First, his son, T.J., was assaulted and struck in the head with a baseball bat on 7/18/95 necessitating a hospital stay and close attention by Mr. ~~Mr.~~. T.J. has recovered fully. Then in early August, Mr. ~~Mr.~~ became involved with another son accompanying him to football practices. Mr. ~~Mr.~~ did not keep his answering machine on and was unavailable and out of contact with me for about a two week period from 8/03/95 - 8/17/95. This necessitated my sending him a certified letter (see enclosed) and also delivering him a copy on 8/17/95 to his home in Dorchester. In my letter I reminded Mr. ~~Mr.~~ that he needed to be available and participate fully and that we only had until 8/24/95 to complete our rehabilitation plan. Mr. ~~Mr.~~ finally called me on 8/17/95 later in the day after reading my letter. We met on 8/21/95 and were able to work closely together until 8/24/95 at which time activities in Mr. ~~Mr.~~ plan were completed.

Our activities are documented in the above Activities section and enclosed documentation. I will summarize our activities as follows:

I was able to obtain a copy of Mr. ~~Mr.~~'s high school transcript after some effort from ~~Watertown School~~ School in Watertown, MA. This was necessary for submission to the Glaziers Union. Mr. ~~Mr.~~ underwent a final interview at the Glaziers Union on 8/22/95 and submitted his transcript to the union at that time thereby fulfilling all steps in their eligibility determination process. I followed up by phone with the Glaziers Union on 8/22/95 to advocate for Mr. ~~Mr.~~ and to ensure all appropriate information had been provided to facilitate a decision.

I also continued to follow up with the MWRA and Massachusetts Water Pollution Control Association (MWPCA) to identify any potential jobs suitable for Mr. ~~Mr.~~'s skills and background. I helped Mr. ~~Mr.~~ complete an application for an operator job with the MWRA which we submitted in person at the MWRA Human Resources Office on 8/21/95. I held subsequent conversations with the Apprenticeship Coordinator and Affirmative Action Officer at the





MWRA to advocate for Mr. [REDACTED] and ensure access to apprenticeship opportunities at the MWRA. Mr. [REDACTED] was encouraged to remain in contact with the MWRA Job Line and submit applications for maintenance, driver, and apprenticeship opportunities as they become available.

I was able to speak also with Mr. [REDACTED], Boston Water and Sewer on 8/03/95 in follow up to Mr. [REDACTED] application there and a resume he had sent specifically to Mr. [REDACTED]. Mr. [REDACTED] asked that Mr. [REDACTED] stay in touch with him periodically and that he would advocate and provide a reference for appropriate positions as they become available. Mr. [REDACTED] would be a good candidate for meter reader/installer, inspection, maintenance and driver positions with this organization.

I visited the MIT Personnel Office on 8/21/95 and met with a human resources representative who informed me that MIT is continuously hiring for maintenance personnel on various shifts. I met with Mr. [REDACTED] on 8/21/95 and we completed the MIT application. I prepared a cover letter for Mr. [REDACTED] (see enclosed) which he submitted with his resume and completed application also on 8/21/95. I drove him to the MIT Personnel Office.

On 8/21/95, after a phone call I made, Mr. [REDACTED] and I travelled also to the Central Artery Tunnel Project Office in South Station where we were able to obtain a list of all contractors/employers affiliated with the CATP. This was a major resource find for us as all hiring is done by contractors directly. I had been informed in previous phone contacts with the CATP that this list was not available to the public. After successfully pleading appropriateness of our need, in person, I was able to obtain the list. There are well over one hundred employers with contracts on the CATP.

Perhaps the most significant outcome of our CATP visit was that we identified a job placement/apprenticeship resource particularly suited to Mr. [REDACTED]. That resource is the Asian-American Civic Association, Boston, MA which is a CATP contractor. Mr. [REDACTED], at my direction, visited the Association and met with a representative there. This association works jointly with all the local building trades and allied construction unions to coordinate apprenticeship training for Asian-American people who are then employed by various CATP contractors. Mr. [REDACTED] completed his application for apprenticeship on 8/22/95. I also worked with Mr. [REDACTED] to develop a method for him to contact employers on the list we obtained from the CATP.

On 8/23/95, I phoned Mass. Temporary Corporation and Bullfinch Temporary Service followed up by submission of Mr. [REDACTED] resume with cover letters (see enclosed). My intent here was to obtain a temporary job for Mr. [REDACTED] in maintenance while his other, perhaps more desirable, options matured - i.e. Glazier apprenticeship, MWRA, Boston Water & Sewer, etc.





In addition to the above activities, Mr. [REDACTED] recontacted several of the hospitals he initially contacted the previous report period. He also submitted application to the City Of Boston, Boston Housing Authority and Mass. Eye And Ear for maintenance work. Mr. [REDACTED] also contacted acquaintances at Montgomery Elevator, Brookline Lock, Wilson Plumbing & Heating, QRS, and South Cove Equipment in addition to other friends and acquaintances in the construction industry for employment.

At our plan termination date of 8/24/95, Mr. [REDACTED] had developed access to a number of promising job/apprenticeship possibilities. He has been provided all the resources he needs to find employment - list of employers, applications, resumes, cover letters, employer contact strategies, list of references, community resources, etc. Mr. [REDACTED] has the skills to be employed. With proper commitment, application and follow through he should be employed shortly if not already.

Per direction of [REDACTED], rehabilitation plan activities have been terminated with Mr. [REDACTED] as of 8/24/95. Mr. [REDACTED] has been advised of this in my 8/17/95 certified letter plus subsequent phone conversations. I have held up submitting my closure report hoping to speak with Mr. [REDACTED] regarding the outcome of his Glazier Union application, to determine if he has become employed and to have him sign the OEVR closure report. Despite several phone contact attempts since 8/24/95, I have been unable to reach Mr. [REDACTED]. Accordingly, I am submitting both the OEVR and my closure reports at this time. Please sign the OEVR Closure Report and forward it on to OEVR.

Once again I thank [REDACTED] for the opportunity to have worked with Mr. [REDACTED]. If you have any questions, please feel free to contact me at (617) 734-6912.

Sincerely,

[REDACTED] MS, CRC, CIRS  
Rehabilitation Consultant

cc: [REDACTED], Esq.  
[REDACTED], OEVR

